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**To:** All IPA Administrators and Medical Directors  
**From:** IEHP – Provider Relations  
**Date:** July 1, 2025  
**Subject:** **NEW/REVISED – UM Authorization Guidelines**

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IEHP's Guideline Review Committee has approved the following authorization guideline updates/changes, **effective 7/1/2025:**

Guideline #	Guideline Title	Degree of Change	Updates/Changes
UM_OTH 24	Human Donor Breast Milk	New	Highlights: <ul style="list-style-type: none"><li>• Human donor breast milk contains a range of biologic components essential for a child's development. These include immunoglobulins, growth factors, hormones, and indigestible carbohydrates important for beneficial gut bacteria.</li><li>• IEHP Covered members may be eligible to receive pasteurized human donor breast milk under certain conditions when it is prescribed by an authorized provider and obtained from a licensed and approved facility. Such conditions may include but are not limited to when a mother's own milk is contraindicated or lacking in quantity or quality to meet the infant's needs, when a mother is unable to breast feed due to a medical condition, when an infant cannot tolerate or has medical contra-indications to using formula, or when an infant has a medical condition where their digestive needs require additional support.</li></ul>
UM_OTH 13	Transitional Care Medicine	Revised Minor	Highlights: <ul style="list-style-type: none"><li>• Updating references</li><li>• Adding section on Advanced Primary Care Management and difference between that and Transitional Care Medicine</li><li>• Advanced Primary Care Management (ACPM) combines existing care management services such as TCM, principal care management or chronic care management. While ACPM integrates transitions into the wider context of ongoing primary care, TCM focuses on transitions.</li></ul>

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UM_SUR 06	Natural Orifice Transluminal Endoscopic Surgery (NOTES)	Revised Minor	<p>Highlights:</p> <ul style="list-style-type: none"><li>• A form of surgery where an endoscope is introduced into a natural body orifice (mouth, anus, vagina, etc.), thereby eliminating the need for incisions and the resulting scars they produce. Additionally, an incision may be made in a hollow organ to access another, nearby organ.</li><li>• IEHP only covers a Transoral Incisionless Fundoplication (TIF) procedure, a type of Natural Orifice Transluminal Endoscopic Surgery (NOTES), for Medicare members suffering from symptomatic, chronic GERD meeting certain criteria. This is detailed in LCD 34659.</li><li>• Recommend utilizing LCD 34659 to review requests for TIF for our Medicare line of business. All other requests for NOTES procedures should be denied as a non-benefit. For this review cycle, this policy has undergone minor formatting changes and an update of references.</li></ul>				
UM_BH 06	Criteria for Multidisciplinary Diagnostic Treatment	Revised Moderate	<p>Highlights:</p> <table><tr><th>Old Criteria</th><th>New Criteria</th></tr><tr><td><ul style="list-style-type: none"><li>• Member has a chronic medical condition with a neuropsychological component and at least two of the following OR any three of the following:<ul style="list-style-type: none"><li>▪ Ages 0-6 years</li><li>▪ In Foster Care or history of adoption/foster care</li><li>▪ Exhibiting severe mental health symptoms in addition to the ASD symptoms</li><li>▪ Genetic concerns</li><li>▪ History of physical, sexual, emotional abuse and/or neglect</li></ul></li></ul></td><td><ul style="list-style-type: none"><li>• Underlying neurologic diagnosis such as seizures; or</li><li>• History of Physical, Sexual, and/or Emotional abuse, and/or neglect; or</li><li>• Behavioral health diagnosis.</li></ul></td></tr></table>	Old Criteria	New Criteria	<ul style="list-style-type: none"><li>• Member has a chronic medical condition with a neuropsychological component and at least two of the following OR any three of the following:<ul style="list-style-type: none"><li>▪ Ages 0-6 years</li><li>▪ In Foster Care or history of adoption/foster care</li><li>▪ Exhibiting severe mental health symptoms in addition to the ASD symptoms</li><li>▪ Genetic concerns</li><li>▪ History of physical, sexual, emotional abuse and/or neglect</li></ul></li></ul>	<ul style="list-style-type: none"><li>• Underlying neurologic diagnosis such as seizures; or</li><li>• History of Physical, Sexual, and/or Emotional abuse, and/or neglect; or</li><li>• Behavioral health diagnosis.</li></ul>
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UM_CSS 04	Housing Transition Navigation Services	Revised Minor	<p>Highlights:</p> <ul style="list-style-type: none"><li>• Updated verbiage to include revisions made to the <a href="#">Community Supports Policy Volume 2</a> (pg. 24)</li><li>• Included verbiage from Community Supports Policy Guide Volumes 1 &amp; 2 Appendix D: SMHS, DMC, and DMC-ODS Access Criteria</li><li>• Reference Updated: Department of Health Services, April 2025 Medi-Cal Community Supports, Or in Lieu of Services (ILOS), Policy Guide</li><li>• Under Coverage Limitations and Exclusions<ul style="list-style-type: none"><li>○ Addition of the need for an individualized housing plan and progression notes must be submitted for an extension of services.</li></ul></li><li>• Under Definition of Terms<ul style="list-style-type: none"><li>○ The inclusion of criteria that for Transition Age Youth, for ages 15-17, members will also need to be emancipated from parental control or support.</li></ul></li></ul>				

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UM_CSS 05	Housing Tenancy and Sustaining Services	Revised Minor	<p>Highlights:</p> <ul style="list-style-type: none"> <li>• Updated verbiage to include revisions made to the <a href="#">Community Supports Policy Volume 2</a> (pg. 37)</li> <li>• Included verbiage from Community Supports Policy Guide Volumes 1 &amp; 2 Appendix D: SMHS, DMC, and DMC-ODS Access Criteria</li> <li>• Reference Updated: Department of Health Services, April 2025 Medi-Cal Community Supports, Or in Lieu of Services (ILOS), Policy Guide</li> <li>• Under Coverage Limitations and Exclusions               <ul style="list-style-type: none"> <li>○ Addition of the need for an individualized housing plan and progression notes must be submitted for an extension of services.</li> </ul> </li> <li>• Under Definition of Terms</li> </ul>
UM_CSS 03	Housing Deposits	Revised Minor	<p>Highlights:</p> <ul style="list-style-type: none"> <li>○ Updated verbiage to include revisions made to the <a href="#">Community Supports Policy Volume 2</a> (pg. 31)</li> <li>○ Included verbiage from Community Supports Policy Guide Volumes 1 &amp; 2 Appendix D: SMHS, DMC, and DMC-ODS Access Criteria</li> <li>○ Reference Updated: Department of Health Services, April 2025 Medi-Cal Community Supports, Or in Lieu of Services (ILOS), Policy Guide</li> <li>○ Under Coverage Policy               <ul style="list-style-type: none"> <li>○ Removal of coverage for first and last months' rent</li> <li>○ Removal of details regarding Transitional Rent</li> </ul> </li> <li>○ Under Coverage Limitations and Exclusions               <ul style="list-style-type: none"> <li>○ Addition of limitation that deposits are available once per demonstration period for members, as identified in the individualized housing support plan, to move into a new apartment or home.</li> <li>○ Housing Deposits will not be relinquished for single room rentals, rentals with family members, or if there is a history of renting at the same address</li> <li>○ Housing Deposits are only available to IEHP members when the member is listed on the formal <i>lease</i> agreement.</li> <li>○ Addition of limit amounts of specific household items</li> <li>○ Addition clarifying \$5000 maximum, per household, payment for housing deposit.</li> </ul> </li> </ul>
UM_CSS 08	Medically Tailored Meals/Supportive Food	Revised Minor	<p>Highlights:</p> <ul style="list-style-type: none"> <li>• Updated verbiage to include revisions made to the <a href="#">Community Supports Policy Volume 1</a> (pg. 32)</li> <li>• Included verbiage from Community Supports Policy Guide Volumes 1 &amp; 2 Appendix D: SMHS, DMC, and DMC-ODS Access Criteria</li> <li>• Reference Updated: Department of Health Services, April 2025</li> </ul>

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			<p>Medi-Cal Community Supports, Or in Lieu of Services (ILOS), Policy Guide</p> <ul style="list-style-type: none"> <li>• Under Coverage Policy <ul style="list-style-type: none"> <li>○ Included additional criteria regarding members with chronic conditions that require evidence-based nutrition guidelines for specific nutrition-sensitive health conditions.</li> </ul> </li> <li>• Under Coverage Limitations and Exclusions <ul style="list-style-type: none"> <li>○ Added exclusion of members living in Skilled Nursing Facilities, Recuperative Care, or in an Assisted Living Facility.</li> <li>○ Added exclusion of members who are incarcerated or receiving hospice services.</li> </ul> </li> </ul>
UM_CSS 10	Recuperative Care	Revised Minor	<p>Highlights:</p> <ul style="list-style-type: none"> <li>• Updated verbiage to include revisions made to the <a href="#">Community Supports Policy Volume 2</a> (pg. 48)</li> <li>• Included verbiage from Community Supports Policy Guide Volumes 1 &amp; 2 Appendix D: SMHS, DMC, and DMC-ODS Access Criteria</li> <li>• Reference Updated: Department of Health Services, April 2025 Medi-Cal Community Supports, Or in Lieu of Services (ILOS), Policy Guide</li> <li>• Under Coverage Limitations and Exclusions <ul style="list-style-type: none"> <li>○ Included limitation of the maximum benefit for short-term post-hospitalization housing and recuperative care will be limited to a total of 180 days across both services.</li> <li>○ Included members must be able to perform ADL/IADLs on their own or with the support of a caregiver. Recuperative Care facilities do not provide 24-hour ADL/IADL assistance.</li> </ul> </li> </ul>
UM_CSS 11	Short-Term Post-Hospitalization Housing	Revised Minor	<p>Highlights:</p> <ul style="list-style-type: none"> <li>• Updated verbiage to include revisions made to the <a href="#">Community Supports Policy Volume 2</a> (pg. 52)</li> <li>• Included verbiage from Community Supports Policy Guide Volumes 1 &amp; 2 Appendix D: SMHS, DMC, and DMC-ODS Access Criteria</li> <li>• Reference Updated: Department of Health Services, April 2025 Medi-Cal Community Supports, Or in Lieu of Services (ILOS), Policy Guide</li> <li>• Under Coverage Policy <ul style="list-style-type: none"> <li>○ Addition of eligibility criteria that a member must have ongoing physical or behavioral health needs as determined by a qualified health professional that would otherwise require continued institutional care if not for receipt of short-term post-hospitalization housing.</li> </ul> </li> <li>• Under Coverage Limitations and Exclusions <ul style="list-style-type: none"> <li>○ Included limitation of the maximum benefit for short-</li> </ul> </li> </ul>

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			<p>term post-hospitalization housing and recuperative care will be limited to a total of 180 days across both services.</p> <ul style="list-style-type: none"><li>○ Addition that members should be offered HTNS and must be offered ECM.</li><li>○ Addition of excluding members on hospice.</li></ul>

Access to all other authorization guidelines can be found at: [www.providerservices.iehp.org](http://www.providerservices.iehp.org) > Resources > Resources for Providers > Utilization Management Clinical Criteria or [click here](#).

If you have any questions, please contact the IEHP Provider Call Center at (909) 890-2054, (866) 223-4347 or email [ProviderServices@iehp.org](mailto:ProviderServices@iehp.org)

All IEHP communications can be found at: on the IEHP website: [www.providerservices.iehp.org](http://www.providerservices.iehp.org) > News and Updates > Notices